

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001817

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

149
FILED FEB 13 1962

1002

521

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP		d. STREET ADDRESS (If outside, give location) 5501 NORTH VIRGINIA	

3. NAME OF DECEASED (Type or print) ELMER KNEPPER			4. DATE OF DEATH JANUARY 24-1962		
5. SEX MALE	6. COLOR OR RACE WH	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-06	9. AGE (last birthday) 55-55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Salesman Scott Rambler Co.			10b. KIND OF BUSINESS OR INDUSTRY TARKIO, Mo		
11. BIRTHPLACE (City and state or country) U.S.			12. CITIZEN OF WHAT COUNTRY U.S.		

13a. FATHER'S NAME CHAS A. KNEPPER		13b. MOTHER'S MAIDEN NAME ADA MARIE BERTRAM		14. NAME OF HUSBAND OR WIFE PEARL L KNEPPER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT PEARL L. KNEPPER	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure - Myopericardium - DUE TO (b) Ruptured Thoracic Aortic Aneurysm DUE TO (c) Atherosclerosis - & Rt. Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4 Hours
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Varicose Ulcers of lower Extremities		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1946 , to 1-24-62 and last saw him live on 1-24-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Harry Butler (Degree or title)	22b. ADDRESS 4840 Central Blvd. K.C. 9 Mo	22c. DATE SIGNED 1-25-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-27-62	23c. NAME OF CEMETERY OR CREMATORY HOLTON CEMETERY	23d. LOCATION (City, town, or county) HOLTON KANSAS
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24. FUNERAL DIRECTOR HARRY BUTLER 2106 E RUSSELL RD	25. DATE RECD. BY LOCAL REG. 1-29-62	26. REGISTRAR'S SIGNATURE Ruth H. Long
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell W. Dennis

Licensed Embalmer No. 3462 (M)

P. O. Address K E K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.